										Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10699843														
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT (Column 1) (Column 2) TYPE OR SMALL ENTIT															
T	OTAL CLAIMS	}	17-				-	RAT	ε	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			7 minus 20=		•		٠	XS 9)=		OR	X\$18=			
INDEPENDENT CLAIMS			7 minus 3 =		•			X43=			OR	Vec	·		
M	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145	-		1				
• 11	* If the difference in column 1 is less than zero, enter *0* in column 2							TOTA		385	OR				
		LAIMS AS A	MENDE	MENDED - PART II						ليتك		OTHER	THAN		
·.	1.25-05	(Column 1)	(Column 2) (Column 2) HIGHESY			(Column 3)		SMA	LLI	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI		PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• (Minus		₹٥ .			X\$ 9	=		OR	X\$18=			
	Independent	. (Minus	***	3_	= -		X43			OR.	X86≠			
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145				.000			
5/12/05											OR	+290≃ -TOTAL			
									AL EE		OR	ADDIT, FEE			
٣	1101	(Column 1)		(Colun		(Column 3)	•	_	_						
AMENDMENT B		REMAINING AFTER	•	NUME PREVIO	BER	PRESENT EXTRA	١	RATE		ADDI- TIONAL		RATE	ADDI- TIONAL		
	•	AMENDMENT		PAID	FOR	G,,,,,,	ŀ		_	FEE			FSE		
	Total	<u> - </u>	Minus	- J	0	= ·	L	X\$ 9:			OR	X\$18=			
AME	Ind pendent Minus Minus			2		1	X43=	•		OR	X86=				
	FIRST FRESENTATION OF MULTIFLE DEPENDENT CLAIM							+145:			OR	+290≘			
									ΑĹ		OR	TOYAL ADDIT, FEE			
		(Column 1)	•	(Colum	n 21	(Column 3)	A	DOIT. FI	: E L			ADDRI, FEEI			
	`	CLAIMS		HIGHE	ST		Г		1	ADDI-	1		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	ı	RATE	ŀ	TIONAL FEE		RATE	TIONAL		
	Total	•	Minus	**		=	ľ	X\$ 9=	1		OR	X\$18=			
	Independent	•	Minus	***		5	t	X43=	†			X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR				
• #	the entry in calus	nn 1 is less than th	e entry in colu	nn 2, write '	"O" in col	uma 3.	L	+145=			OR	+290= TOTAL			
1	the "Highest Nur	mber Previously Pa	d For IN THIS	S SPACE to	less than	20, enter "20."	A	DOIT. FE		لــــــا	OR ,	ADDIT. FEE			
		ber Previously Paid					foun	d in the	appı	opriate box	in cot	umn 1.			